0024374 MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 3/6 Primary Registration District No. 3059 Registrar's No. STATE FILE NUMBER DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before -county St. Francois VS 300 Missouri AMENDED Francoi Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits TOWN 2-Weeks Town Bonne Terre Yes 🔲 No 🔯 Bonne - Prre c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR ADDRESS institution Bonne Terre Hospital Yes 🛛 No 🗌 Rt. 2. Yes ☐ No 🕱 3. NAME OF DECEASED Middle 4. DATE Last Month Dav Year (Type or print) DEATH Joseph August Wills July 1964 9. AGE (last birthday) | IF UNDER 1 YEAR 6. COLOR OR RACE IF UNDER 24 HR 5. SEX 7. Married X Never Married | 8. DATE OF BIRTH Widowed □ Divorced /18/1903 White 60 Ma.le 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) St. Joseph Lead Co. Hazel Run.Rt. 1. Mo. Machinist 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 7 Louiza A. Richardson Richard Knott Wills Hallie Pearl Stotler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of se Hallie Wills Rt.2 Bonne Terre 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN UMENT PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 10 RECORD Myocardial infarction everal IMMEDIATE CAUSE (a) Ö 11 INSTEAD DUE TO (b) Coronary thrombosis. Conditions, if any, 12 which gave rise to above cause (a), stating the under-13 lying cause last. DUE TO (c) PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was ō disease condition given in PART I (a) there a pregnancy in last 90 days. AMENDMENTS ☐ Yes □ Unknown 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? YES | NO TO 20c, TIME OF Hour Month, Day, Year RIBBON INJURY a.m. p.m. 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK [**YPEWRITER** READ 6-22-6hand last saw him alive on. 21. I attended the deceased from. m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at. SHOULD 22p ADDRESS 22c. DATE SIGNED 22a. SIGNATURE (Degree or title) 9 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR ġ REMOVAL (Specify) St.Francois Memorial Pk. Burial 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ž 24. FUNERAL DIRECTOR Dale Sparks Bonne Terre. Missoudi

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me
or by	, Student Embalmer No
working under my personal supervision.	6
StudentSignature of Student Embalmer	- signed leavel parks
	Licensed Embalmer No. 4287
	P. O. Addersonne Terre Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.